

PKS AUTOMOTIVE PTE LTD

7 Toh Guan Road East, Alpha Industrial Building #04-11 Singapore 608599

Tel: 8614 6767 / 9182 6686 | Email: admin@pksautomotive.com

UEN No:

24th August 2021

Our reference: PKS-202102-16

Your reference: SH6955M

India International Insurance Private Limited

64 Cecil Street

Singapore 049711

Attn: Motor Claims Department

BY MAIL

Dear Sir / Madam,

Claimant : LU YI YI

Address : 11 FERNVALE CLOSE #12-04 SINGAPORE 797475

We are instructed by the above named to claim damages against your company/company's worker in connection with an accident between **13/02/2021** along **UPPER CHANGI ROAD** involving our client's vehicle registration number **SLU5643J** and vehicle registration number **SLR4458A** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$16,000
Loss of Rental	:	\$2100
LTA Search Fee	:	\$7.45
Total	:	<u>\$18,107.45</u>

A copy of each of the following supporting documents are enclosed:-

- | | |
|---|-----------------------------|
| a) Our client's Accident Report/Police Report | b) COE/PARF Certificates |
| c) Owner / Driver's IC & Driving License | d) Certificate Of Insurance |
| e) LTA Search Result & Receipt | f) Satisfaction |
| g) Letter Of Authorisation | h) Invoice |
| i) Rental Agreement / Invoice | |

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



Sharon Ong

PKS AUTOMOTIVE PTE LTD

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	16/02/2021 16:02 (SGT)
Date of Accident	13/02/2021 10:25 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5643J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LU YI YI
NRIC No	SXXXX261D
Email Address	TAN.CHEELIN@YAHOO.COM
Mobile Phone No	(Phone) +65-90019793
Alternative Phone No	+65-90019793

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-001683
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEE LIN
NRIC No	SXXXX188J
Date Of Birth	30/08/1986
Occupation	Indoor

Date Of Driving Pass	30/07/2016
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90019793
Alt. Phone Number	-
Email Address	TAN.CHEELIN@YAHOO.COM
Address	11 FERNVALE CLOSE #12-04
Address complement	-
Postcode	797475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4458A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHEE LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLU5643J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

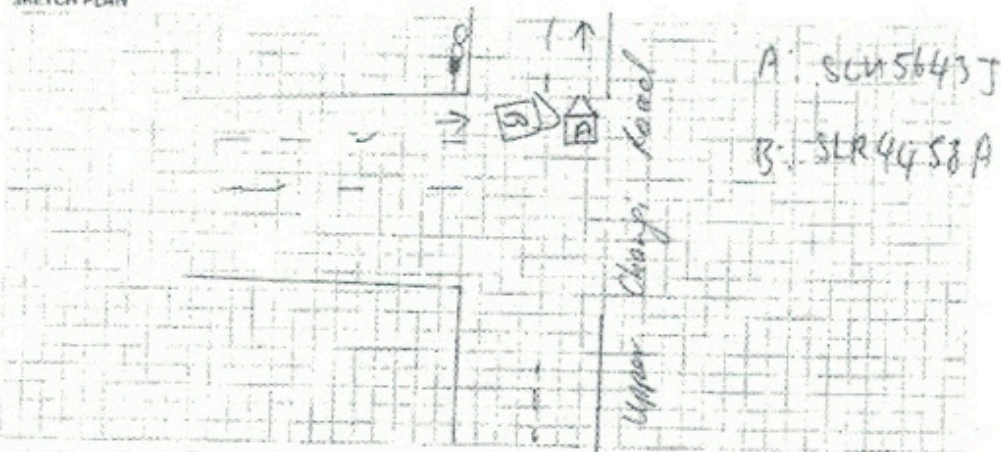
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight as traffic light was open in my lane. Suddenly, I hit a huge impact from the left. I got down & realised vehicle B dash the red light & hit over my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

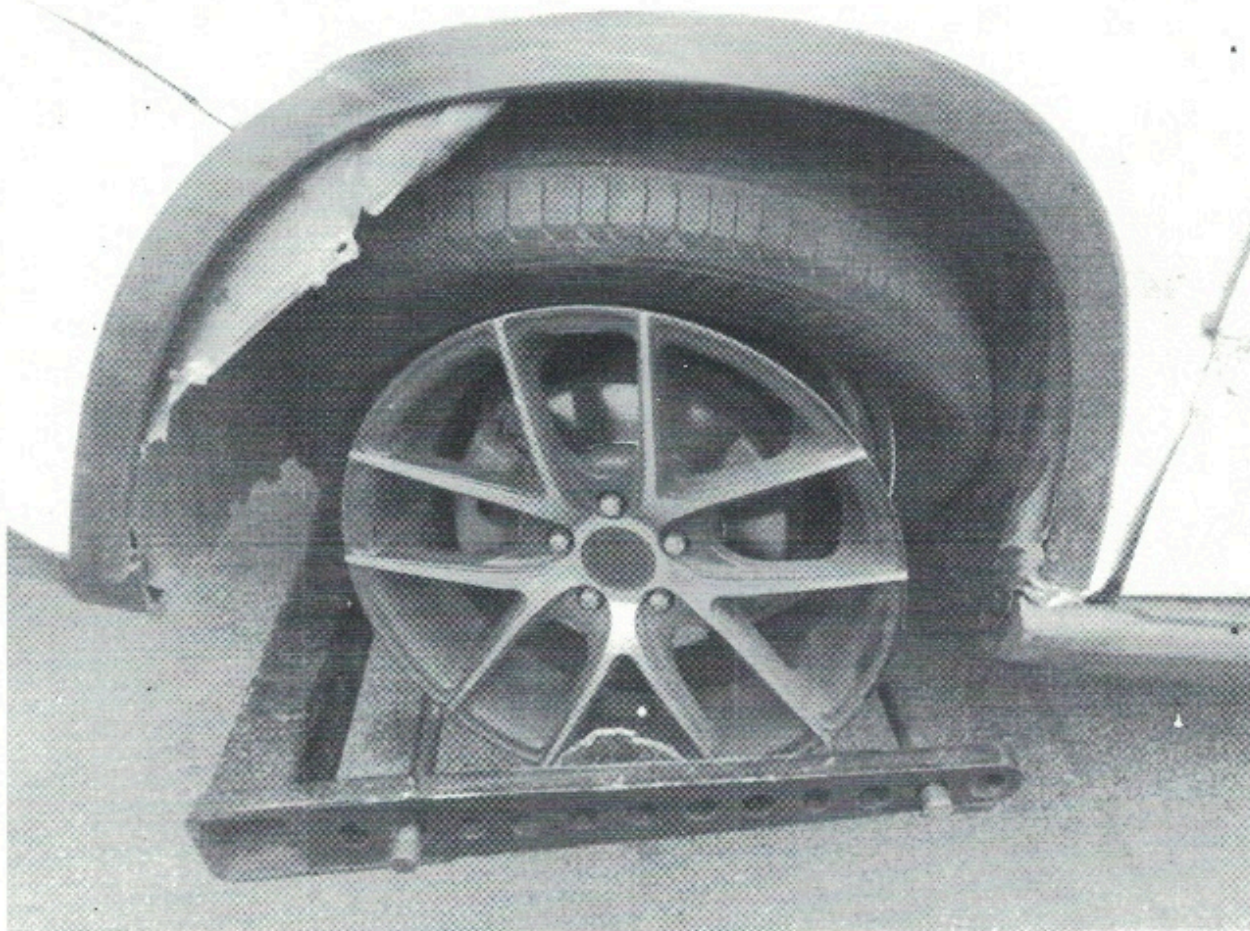
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

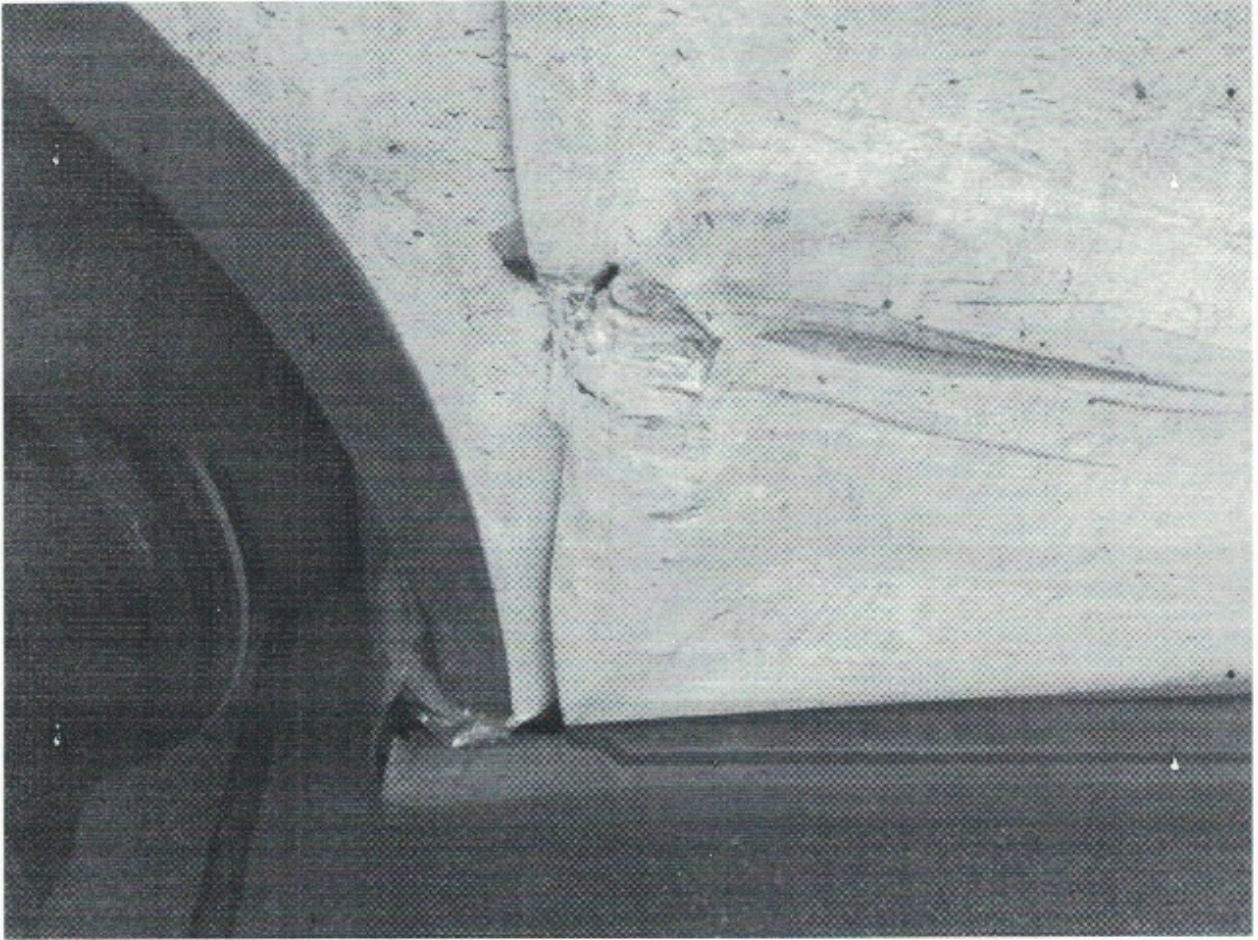
[Signature]
Reporting Centre Personnel's Signature
Name:
NRAC/Fin No.:

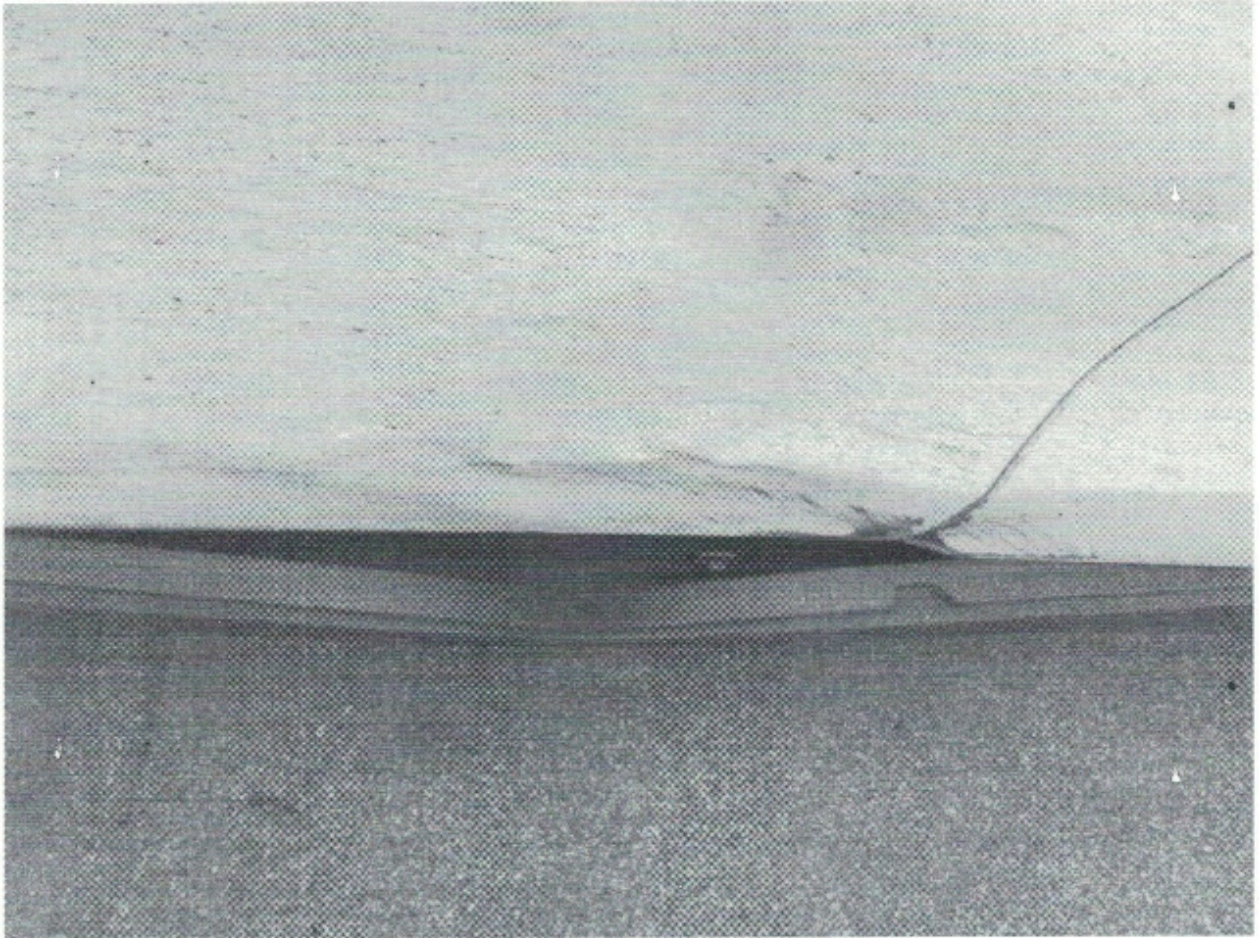






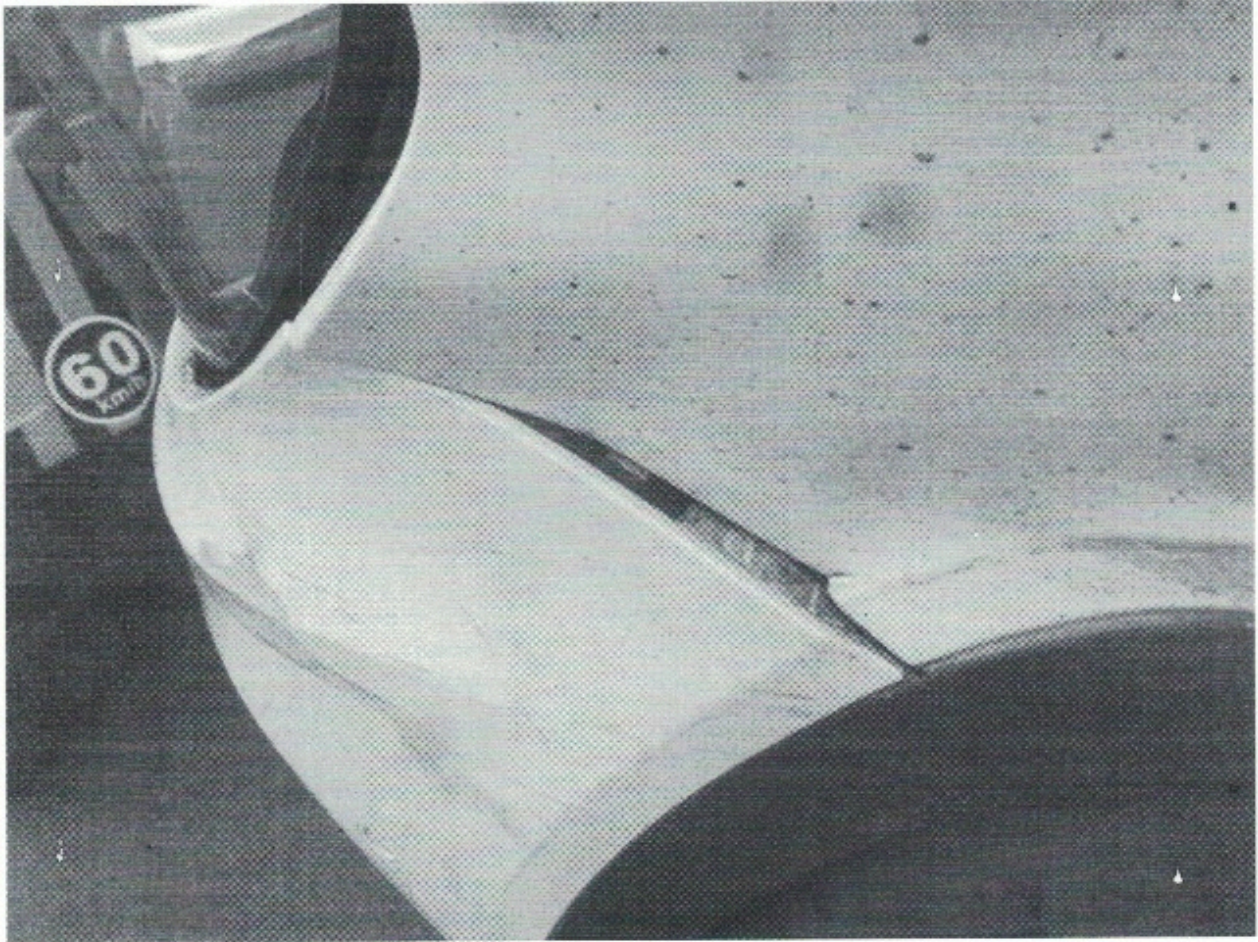


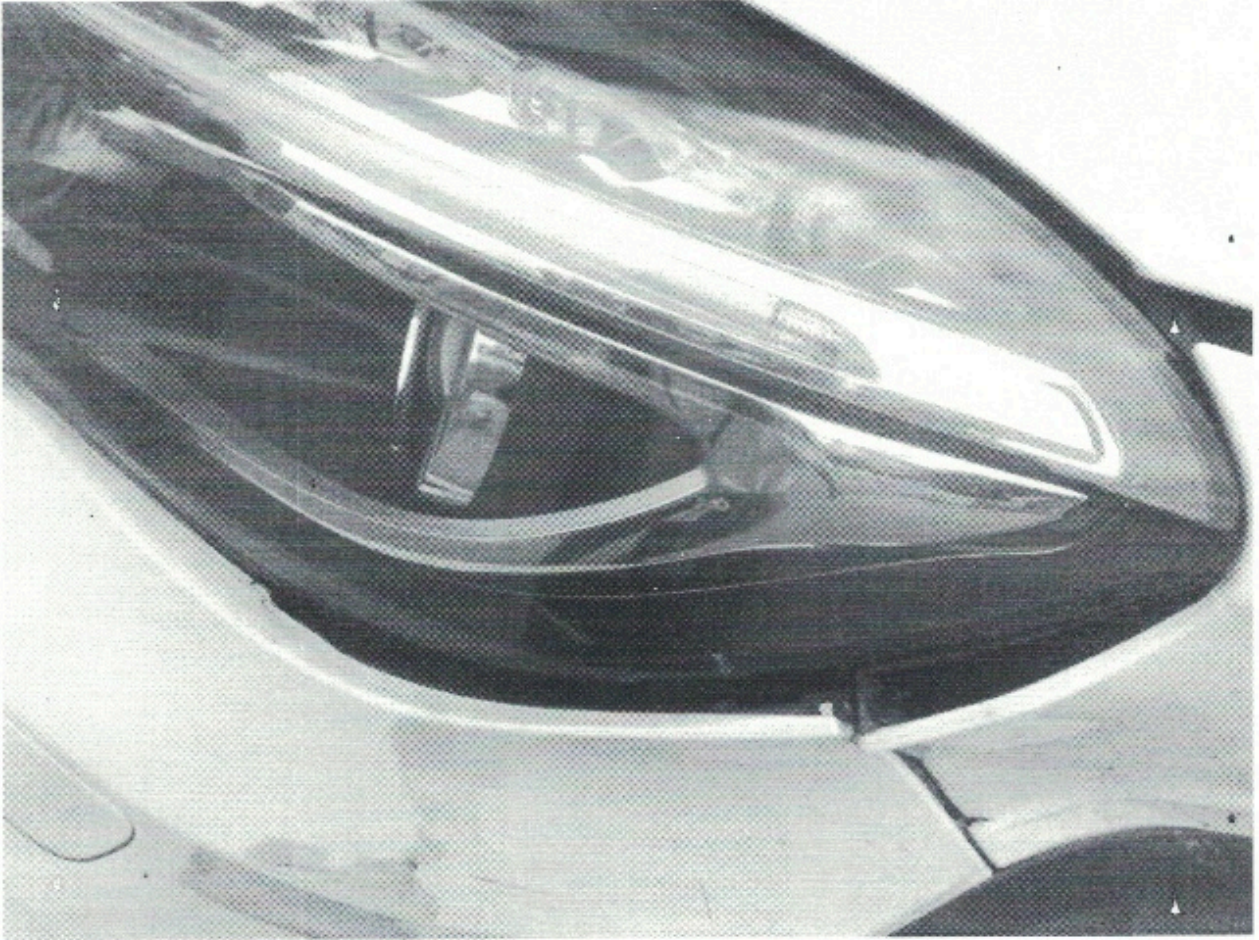


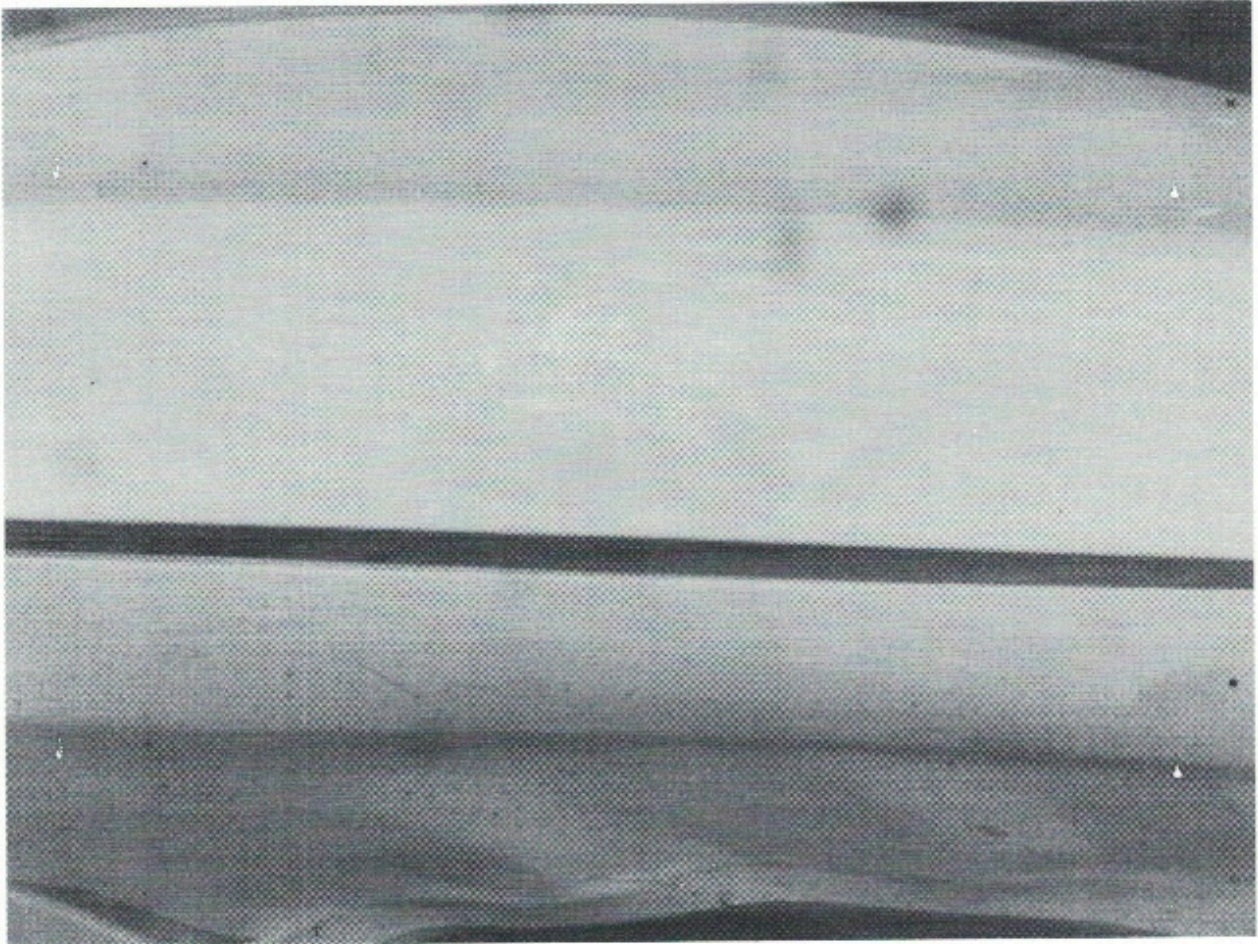






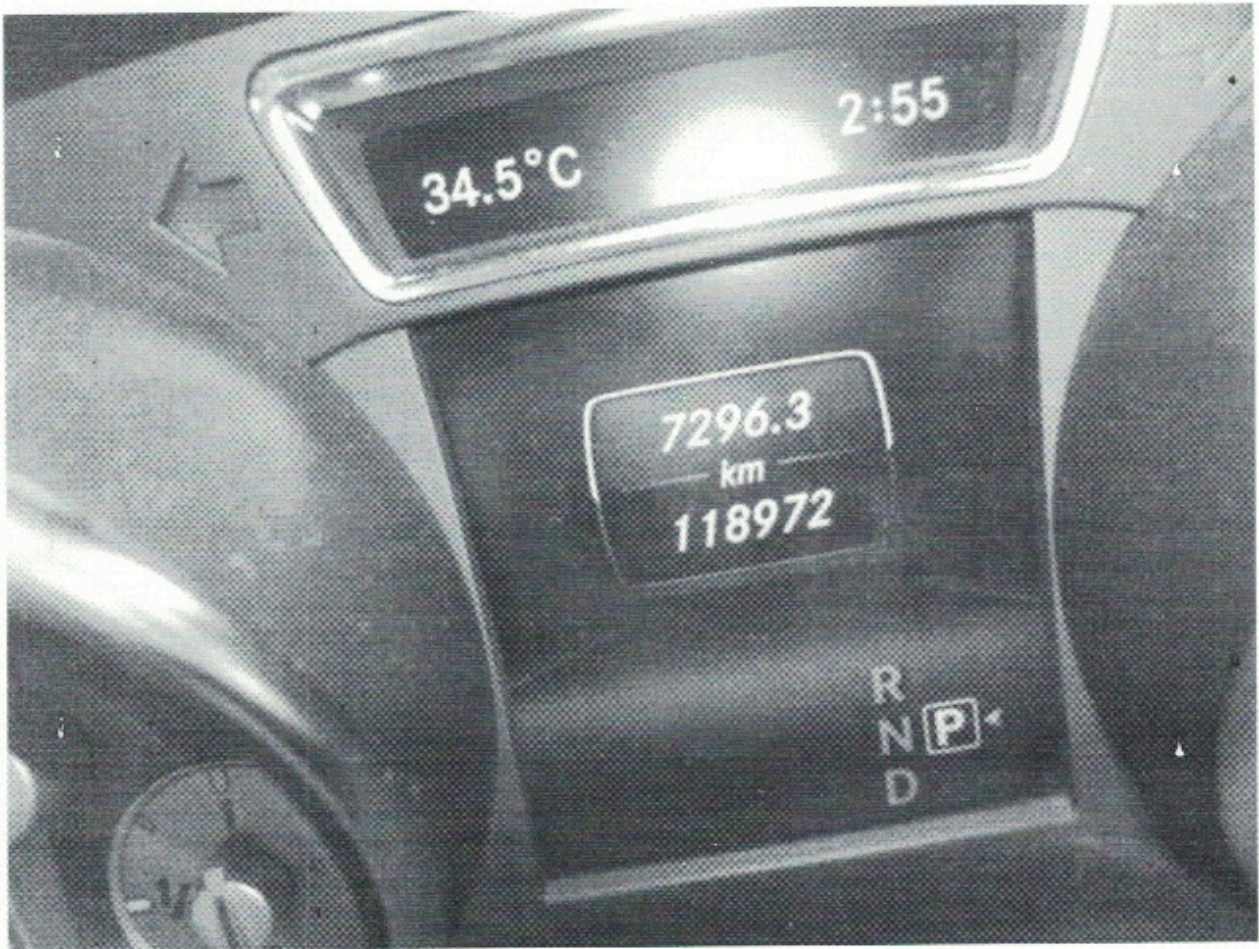












> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	261D

Vehicle Details

Vehicle No.:	SLU5643J
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Feb 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLA200 URBAN (R18 BI)
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	27091030436236
Chassis No.:	WDC1569432J027476
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$27,866.00
Original Registration Date:	12 Sep 2014
First Registration Date:	12 Sep 2014
Transfer Count:	1
Actual ARF Paid:	\$21,013.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Sep 2024
PARF Rebate Amount:	\$13,658.00

Intended COE Rebate Details

COE Expiry Date:	11 Sep 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,001.00
COE Rebate Amount:	\$23,158.00
Total Rebate Amount:	\$36,816.00

The information contained herein is correct as at 19 Feb 2021

OK



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**PRIVATE CAR
Comprehensive Classic****Certificate No. : DMPPHQ20-001683**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$500.00

Unnamed Drivers: S\$1,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLU5643J

2. Name of Policyholder

LU YI YI

3. Effective Date of the Commencement of Insurance for the purpose of the Act

12/03/2020

4. Date of Expiry of Insurance

11/03/2021

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.
permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Tokyo Century Leasing (Singapore) Pte Ltd

A000009/Eileen Lim Soo Nee
Date of Issue : 04/03/2020 23:35

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ19-001372

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Feb 2021 / 12:37:19

Receipt Date/Time : 16 Feb 2021 / 12:37:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210216-001600

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLR4458A As at 13 Feb 2021/11:50:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SLR4458A Enquiry Fee 20210216123559582387	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	462845XXXXXX9639		eNETS Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.


SATISFACTION & DISCHARGE OF VEHICLE (AFTER REPAIR)

I/We, Lu Yi Yi
owner/driver* of vehicle no. SU56437 declare that the repairs of my/our vehicle has been completed and to my/our satisfaction and I/we agree that I/We hereby irrevocable absolutely accept the settlement amount and the liability from the 3rd party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be release and payment to **PKS AUTOMOTIVE PTE LTD** for such repairs are in full discharge of my/our claim in respect of the damages caused in the accident at/along 13/02/2021 10:23 Along upper Changi Road

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Dated this 27th day of February (month) 20 21 (year)

Signature of owner vehicle (claimant) : 
Name of owner of vehicle (claimant) : Lu Yi Yi
NRIC Number (claimant) : S8681261D

*By signing of this document, the driver's signature will represent the decision/approval and on behalf of the owner which is final and irrevocable. *

LETTER OF AUTHORIZATION

To : India International Insurance Pte Ltd
Claimant : Lu Yi Yi

Dear Sirs,

I/We, Lu Yi Yi
owner of vehicle no. SLU56431 hereby authorize my/our repairer, **PKS AUTO PTE LTD**,
to act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or
rental and/or loss of use ("claim") for my/our vehicle no. SLU56431 that was damage
pursuant to the accident which occurred at/along 13/02/2021 10:25 along
Upper Changi Road, Singapore
involving vehicle nos. SLR4458A


I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above-mentioned accident due to me/us to my/our repairer **PKS AUTO PTE LTD**. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer **PKS AUTO PTE LTD** pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this 13th day of February (month) 20 21 (year)

Signature of owner vehicle (claimant) : 
Name of owner of vehicle (claimant) : Lu Yi Yi
NRIC Number (claimant) : S8681261D

PKS AUTOMOTIVE PTE LTD

INVOICE

7 Toh Guan Road East
Alpha Industrial Building #04-11
Singapore 608599
Roc: 202105109G
Tel: 8614 6767 / 9182 6686
Email: admin@pksautomotive.com

DATE: August 10, 2021
INVOICE # PKS-00051
TERMS: COD

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04/#05-02 IOB BUILDING
SINGAPORE 049711

Vehicle No.: SLU5643J

Make & Model: MERCEDES BENZ GLA 200

DESCRIPTION	AMOUNT
ACCIDENT INVOLVING SLU5643J & SLR4458A ON 13/02/2021 ALONG UPPER CHANGI ROAD	
SUPPLY SPARE PARTS, PANEL BEATING, REPAIR AND SPRAY PAINTING TO PRE-ACCIDENT CONDITION	
LUMP SUM REPAIR	\$ 16,000.00
LTA SEARCH FEE	\$ 7.45
TOTAL	\$ 16,007.45

E. & O. E

Please make all cheques payable to **PKS Automotive Ptd Ltd**
OCBC Current **601-441694001**

THANK YOU FOR YOUR BUSINESS!



1st Auto Pro Pte Ltd

We Believe In Service

8 KAKI BUKIT AVENUE 4
PREMIER @ KAKI BUKIT
OFFICE @ #01-49 | WS @ #01-51&52
SINGAPORE 415875

Contact:
86146767 (Sean Lian)
91883197 (Christina Tan)

Email:
CLAIMS@1AP.COM.SG
UEN:
201702200K

Bill To:

LU YI YI
TAN CHEE LIN
11 FERNVALE CLOSE #12-04 SINGAPORE 797475

Invoice

Inv No :	R100131
Date :	30-05-21

Attn:	Contact	Veh Number	Make Model	Terms
	90019793	SLU5643J	MERC GLA 200	C.O.D.

Description	Amount (S\$)
RENTAL OF SJP2594L AUDI A4 LEASING FROM 13 FEB 2021 - 27 FEB 2021 \$150 x 14 DAYS	\$2,100.00

Reference:

Total	\$2,100.00
Less: Deposit / Payment	\$0.00
Balance Due	\$2,100.00

E. & O. E

Payment method: Please make all cheque payable to 1st Auto Pro Pte Ltd
OCBC Current 712-058379-001
Paynow UEN 201702200K
Paylah number 91883197

THANK YOU FOR YOUR BUSINESS!